
State of Washington
Department of Health

**Behavioral Risk Factor Surveillance System
Questionnaire
2000**

Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Adult and Community Health
Behavioral Surveillance Branch

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2000 Behavioral Risk Factor Surveillance System Questionnaire

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HELLO, I'm _____ calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. Your phone number has been scientifically chosen, and we'd like to ask some questions about day-to-day living habits that may affect health.

Is this _____ (telephone number) ?

No Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence in Washington State?

No Thank you very much, but we are only interviewing private residences. **Stop**

We need to scientifically select one adult who lives in your household to be interviewed. In order to make this scientific selection, can you please tell me how many members of your household, including yourself, are 18 years of age or older?

Number of Adults _____ (62-63)

IF NEEDED, SAY: For this study, households are first scientifically selected in the state, and then one adult is selected in each household to be interviewed. It is important to the accuracy of the study that those selected for the study participate, because this is what ensures that the results will represent the state as a whole.

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Enter 1 man or 1 woman below (Ask gender if necessary). Go to page 3**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 woman below.**
May I speak with [CATI fill in (him/her) from previous question]?

IF NOT AVAILABLE, ARRANGE CALL-BACK.
Go to "correct respondent" at bottom of page

If more than one How many of these adults are men and how many are women?

Men	_____	64
Women	_____	65

[SUM MUST EQUAL NUMBER OF ADULTS IN HOUSEHOLD]

[CATI choose one adult randomly]

The person in your household that I need to speak with is _____.

If "you," go to page 3

To correct respondent

HELLO, I'm _____ calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. You have been scientifically chosen to be interviewed, and we'd like to ask some questions about day-to-day living habits that may affect health.

The interview may be monitored for quality assurance purposes, but all information obtained in this study will be confidential. We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. There are very few risks or benefits to you personally for being in this study. Taking part is up to you. We have found that the interview usually takes 20 to 25 minutes. You don't have to answer any question you don't want to, and you are free to end the interview at any time. If you don't want to answer a specific question, just let me know and we can skip over it.

If you have any questions about this study, you can call the study director at the Washington State Department of Health, Katrina Simmons. You can call her collect during business hours at 360-236-4322.

Section 1: Health Status

1.1. Would you say that in general your health is: (66)

Please Read

- | | |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |

Do not read these responses

- | | |
|---------------------|---|
| Don't know/Not Sure | 7 |
| Refused | 9 |

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (67-68)

- | | |
|---------------------|-------------------|
| a. Number of days | |
| b. None | <u>8</u> <u>8</u> |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (69-70)

- | | |
|--|-------------------|
| a. Number of days | |
| b. None If Q1.2 also "None," go to Q2.1 | <u>8</u> <u>8</u> |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (71-72)

- | | |
|---------------------|-------------------|
| a. Number of days | |
| b. None | <u>8</u> <u>8</u> |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)

- | | | |
|----|---------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q2.3a | 2 |
| | Don't know/Not sure Go to Q2.7 | 7 |
| | Refused Go to Q2.7 | 9 |

2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (74)

- | | | |
|----|-----------------------|---|
| a. | Yes Go to Q2.6 | 1 |
| b. | No | 2 |
| | Don't know/not sure | 7 |
| | Refused | 9 |

2.3. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through: (75-76)

Please Read

- | | | |
|----|---|-----|
| a. | Your employer Go to Q2.4 | 0 1 |
| b. | Someone else's employer Go to Q2.4 | 0 2 |
| c. | A plan that you or someone else buys on your own Go to Q2.4 | 0 3 |
| d. | Medicare Go to Q2.7 | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] Go to Q2.4 | 0 5 |
| f. | The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] Go to Q2.4 | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service] Go to Q2.4 | 0 7 |
| | or | |
| h. | Some other source Go to Q2.4 | 0 8 |

Do not read these responses

- | | |
|---------------------------------------|-----|
| None Go to Q2.6 | 8 8 |
| Don't know/Not sure Go to Q2.4 | 7 7 |
| Refused Go to Q2.4 | 9 9 |

- 2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following. Is it coverage through: (77-78)

If more than one, ask "Which type do you use to pay for most of your medical care?"

Please Read

- | | | |
|------------------------------------|--|-----|
| a. | Your employer | 0 1 |
| b. | Someone else's employer | 0 2 |
| c. | A plan that you or someone else buys on your own | 0 3 |
| d. | Medicare Go to Q2.7 | 0 4 |
| e. | Medicaid or Medical Assistance | 0 5 |
| f. | The military, CHAMPUS, TriCare, or the VA
[or CHAMP-VA] | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service] | 0 7 |
| or h. | Some other source | 0 8 |
| Do not read these responses | | |
| | None Go to Q2.5a | 8 8 |
| | Don't know/Not sure Go to Q2.7 | 7 7 |
| | Refused Go to Q2.7 | 9 9 |

- 2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (79)

- | | | |
|----|---------------------------------------|---|
| a. | Yes Go to Q2.5b | 1 |
| b. | No Go to Q2.7 | 2 |
| | Don't know/Not sure Go to Q2.7 | 7 |
| | Refused Go to Q2.7 | 9 |

- 2.5a. What is the main reason you are without health care coverage? (247-248)

Read Only if Necessary

- | | | |
|----|---|-----|
| a. | Lost job or changed employers Go to Q2.6 | 0 1 |
| b. | Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change] Go to Q2.6 | 0 2 |
| c. | Became divorced or separated Go to Q2.6 | 0 3 |
| d. | Spouse or parent died Go to Q2.6 | 0 4 |
| e. | Became ineligible because of age or because left school Go to Q2.6 | 0 5 |
| f. | Employer doesn't offer or stopped offering coverage Go to Q2.6 | 0 6 |
| g. | Cut back to part time or became temporary employee Go to Q2.6 | 0 7 |
| h. | Benefits from employer or former employer ran out Go to Q2.6 | 0 8 |
| i. | Couldn't afford to pay the premiums Go to Q2.6 | 0 9 |
| j. | Insurance company refused coverage Go to Q2.6 | 1 0 |
| k. | Lost Medicaid or Medical Assistance eligibility Go to Q2.6 | 1 1 |
| l. | Other Go to Q2.6 | 8 7 |
| | Don't know/Not sure Go to Q2.6 | 7 7 |
| | Refused Go to Q2.6 | 9 9 |

- 2.5b. What was the main reason you were without health care coverage during the past 12 months? (249-250)

Read Only if Necessary

- | | | |
|----|---|-----|
| a. | Lost job or changed employers Go to Q2.7 | 0 1 |
| b. | Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change] Go to Q2.7 | 0 2 |
| c. | Became divorced or separated Go to Q2.7 | 0 3 |
| d. | Spouse or parent died Go to Q2.7 | 0 4 |
| e. | Became ineligible because of age or because left school Go to Q2.7 | 0 5 |
| f. | Employer doesn't offer or stopped offering coverage Go to Q2.7 | 0 6 |
| g. | Cut back to part time or became temporary employee Go to Q2.7 | 0 7 |
| h. | Benefits from employer or former employer ran out Go to Q2.7 | 0 8 |
| i. | Couldn't afford to pay the premiums Go to Q2.7 | 0 9 |
| j. | Insurance company refused coverage Go to Q2.7 | 1 0 |
| k. | Lost Medicaid or Medical Assistance eligibility Go to Q2.7 | 1 1 |
| l. | Other Go to Q2.7 | 8 7 |
| | Don't know/Not sure Go to Q2.7 | 7 7 |
| | Refused Go to Q2.7 | 9 9 |

- 2.6. About how long has it been since you had health care coverage? (80)

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past 6 months (1 to 6 months ago) | 1 |
| b. | Within the past year (6 to 12 months ago) | 2 |
| c. | Within the past 2 years (1 to 2 years ago) | 3 |
| d. | Within the past 5 years (2 to 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| | Do not read these responses | |
| | Don't know/Not sure | 7 |
| | Never | 8 |
| | Refused | 9 |

- 2.7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (81)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

- 2.8 About how long has it been since you last visited a doctor for a routine checkup?
(82)
IF NEEDED: a routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

- | | | |
|------------------------------------|--|---|
| a. | Within the past year (6 to 12 months ago) | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 5 years (2 to 5 years ago) | 3 |
| d. | 5 or more years ago | 4 |
| Do not read these responses | | |
| | Don't know/Not sure | 7 |
| | Never | 8 |
| | Refused | 9 |

Section 3: Asthma

- 3.1 Did a doctor ever tell you that you had asthma? (83)

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to next section | 2 |
| | Don't know/Not sure Go to next section | 7 |
| | Refused Go to next section | 9 |

- 3.2 Do you still have asthma? (84)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 4: Diabetes

- 4.1. Have you ever been told by a doctor that you have diabetes? (85)

If "Yes" and female, ask "Was this only when you were pregnant?"

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | Yes, but female told only during pregnancy | 2 |
| c. | No | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

4.2 How old were you when you were told you have diabetes? (202-203)

Code age in years [97 = 97 and older]

Don't know/Not sure

Refused

— —
9 8
9 9

4.3 Are you now taking insulin? (204)

- | | | |
|----|---------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Refused | 9 |

4.4 Are you now taking diabetes pills? (205)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

4.5 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (206-208)

- | | | | | |
|----|---------------------|---|---|---|
| a. | Times per day | 1 | — | — |
| b. | Times per week | 2 | — | — |
| c. | Times per month | 3 | — | — |
| d. | Times per year | 4 | — | — |
| e. | Never | 8 | 8 | 8 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

4.6 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (209-211)

- | | | | | |
|----|---------------------|---|---|---|
| a. | Times per day | 1 | — | — |
| b. | Times per week | 2 | — | — |
| c. | Times per month | 3 | — | — |
| d. | Times per year | 4 | — | — |
| e. | Never | 8 | 8 | 8 |
| f. | No feet | 5 | 5 | 5 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

- 4.7 Have you had any sores or irritations on your feet that took more than four weeks to heal? **IF NO FEET (Q4.6 = 555), ASK "Have you EVER had any sores or irritations on your feet that took more than four weeks to heal?"** (202)
- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
- 4.8 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (213-214)
- | | | |
|----|---------------------|-----|
| a. | Number of times | |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |
- 4.9 A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (215-216)
- | | | |
|----|--|-----|
| a. | Number of times [76 = 76 or more] | |
| b. | None | 8 8 |
| c. | Never heard of hemoglobin "A one C" test | 9 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

If "no feet" to Q4.6, go to Q4.11

- 4.10 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (217-218)
- | | | |
|----|---------------------|-----|
| a. | Number of times | |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

- 4.11. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (219)

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past month (0 to 1 month ago) | 1 |
| b. | Within the past year (1 to 12 months ago) | 2 |
| c. | Within the past 2 years (1 to 2 years ago) | 3 |
| d. | 2 or more years ago | 4 |
| e. | Never | 8 |

Do not read these responses

- | | |
|---------------------|---|
| Don't know/Not sure | 7 |
| Refused | 9 |

- 4.12. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (220)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

- 4.13. Have you ever taken a course or class in how to manage your diabetes yourself? (221)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 5: Care Giving

- 5.1. There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older? (86)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

- 5.2. Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves? (87-88)

Read Only if Necessary

- | | | |
|----|---------------------------|-----|
| a. | Relative or friend | 0 1 |
| b. | Would provide care myself | 0 2 |
| c. | Nursing home | 0 3 |
| d. | Home health service | 0 4 |
| e. | Personal physician | 0 5 |
| f. | Area Agency on Aging | 0 6 |
| g. | Hospice | 0 7 |
| h. | Hospital nurse | 0 8 |
| i. | Minister/priest/rabbi | 0 9 |
| j. | Other | 1 0 |
| i. | Don't know who to call | 1 1 |

Do not read this response

Refused	9 9
---------	-----

Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

- 6.1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (89)

- | | | |
|----|---------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q7.1 | 2 |
| | Don't know/Not sure Go to Q7.1 | 7 |
| | Refused Go to Q7.1 | 9 |

- 6.2. What type of physical activity or exercise did you spend the most time doing during the past month? (90-91)

Activity [specify]: _____

See coding list A

Refused Go to Q6.6	9 9
---------------------------	-----

Ask Q6.3 only if answer to Q6.2 is running, jogging, walking, or swimming. All others, go to Q6.4.

6.3. How far did you usually walk/run/jog/swim? (92-94)

See coding list B if response is not in miles and tenths

Miles and tenths

Don't know/Not sure

Refused

—	—	—
7	7	7
9	9	9

6.4. How many times per week or per month did you take part in this activity during the past month? (95-97)

a. Times per week

b. Times per month

Don't know/Not sure

Refused

1	—	—
2	—	—
7	7	7
9	9	9

6.5. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (98-100)

Hours and minutes

Don't know/Not sure

Refused

—	:	—	—
7	7	7	7
9	9	9	9

6.6. Was there another physical activity or exercise that you participated in during the last month? (101)

a. Yes

b. No **Go to Q7.1**

Don't know/Not sure **Go to Q7.1**

Refused **Go to Q7.1**

1
2
7
9

6.7. What other type of physical activity gave you the next most exercise during the past month? (102-103)

Activity [specify]: _____

See coding list A

Refused **Go to Q7.1**

—	—
9	9

Ask Q6.8 only if answer to Q6.7 is running, jogging, walking, or swimming. All others go to Q6.9.

- 6.8. How far did you usually walk/run/jog/swim? (104-106)
See coding list B if response is not in miles and tenths

Miles and tenths
Don't know/Not sure
Refused

$\overline{7} \overline{7} \overline{7}$
9 9 9

- 6.9. How many times per week or per month did you take part in this activity? (107-109)

- a. Times per week
b. Times per month
Don't know/Not sure
Refused

1 $\overline{\quad}$ $\overline{\quad}$
2 $\overline{\quad}$ $\overline{\quad}$
 $\overline{7} \overline{7} \overline{7}$
9 9 9

- 6.10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (110-112)

Hours and minutes
Don't know/Not sure
Refused

$\overline{\quad} \overline{\quad} \overline{\quad}$
 $\overline{7} \overline{7} \overline{7}$
9 9 9

Section 7: Tobacco Use

- 7.1. Have you smoked at least 100 cigarettes in your entire life? **5 packs = 100 cigarettes** (113)

- a. Yes
b. No **Go to Q8.1**
Don't know/Not sure **Go to Q8.1**
Refused **Go to Q8.1**

1
2
7
9

- 7.2. Do you now smoke cigarettes everyday, some days, or not at all? (114)

- a. Everyday
b. Some days **Go to Q7.3a**
c. Not at all **Go to Q7.5**
Refused **Go to Q8.1**

1
2
3
9

- 7.3. On the average, about how many cigarettes a day do you now smoke? **1 pack = 20 cigarettes** (115-116)

Number of cigarettes [76 = 76 or more] *Go to Q7.4*

Don't know/Not sure *Go to Q7.4*

Refused *Go to Q7.4*

7 7
9 9

- 7.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? **1 pack = 20 cigarettes** (117-118)

Number of cigarettes [76 = 76 or more] *Go to Q8.1*

Don't know/Not sure *Go to Q8.1*

Refused *Go to Q8.1*

7 7
9 9

- 7.4. During the past 12 months, have you quit smoking for 1 day or longer? (119)

a. Yes *Go to Q8.1*

b. No *Go to Q8.1*

Don't know/Not sure *Go to Q8.1*

Refused *Go to Q8.1*

1
2
7
9

- 7.5. About how long has it been since you last smoked cigarettes regularly, that is, daily? (120-121)

Time code

Read Only if Necessary

a. Within the past month (0 to 1 month ago)

b. Within the past 3 months (1 to 3 months ago)

c. Within the past 6 months (3 to 6 months ago)

d. Within the past year (6 to 12 months ago)

e. Within the past 5 years (1 to 5 years ago)

f. Within the past 15 years (5 to 15 years ago)

g. 15 or more years ago

Do not read these responses

Don't know/Not sure

Never smoked regularly

Refused

— —
0 1
0 2
0 3
0 4
0 5
0 6
0 7
7 7
8 8
9 9

Section 8: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

8.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (122-124)

- | | | | | |
|----|---------------------|---|----|----|
| a. | Per day | 1 | __ | __ |
| b. | Per week | 2 | __ | __ |
| c. | Per month | 3 | __ | __ |
| d. | Per year | 4 | __ | __ |
| e. | Never | 5 | 5 | 5 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

8.2. Not counting juice, how often do you eat fruit? (125-127)

- | | | | | |
|----|---------------------|---|----|----|
| a. | Per day | 1 | __ | __ |
| b. | Per week | 2 | __ | __ |
| c. | Per month | 3 | __ | __ |
| d. | Per year | 4 | __ | __ |
| e. | Never | 5 | 5 | 5 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

8.3. How often do you eat green salad? (128-130)

- | | | | | |
|----|---------------------|---|----|----|
| a. | Per day | 1 | __ | __ |
| b. | Per week | 2 | __ | __ |
| c. | Per month | 3 | __ | __ |
| d. | Per year | 4 | __ | __ |
| e. | Never | 5 | 5 | 5 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

8.4. How often do you eat potatoes, not including french fries, fried potatoes, or potato chips? (131-133)

- | | | | | |
|----|---------------------|---|----|----|
| a. | Per day | 1 | __ | __ |
| b. | Per week | 2 | __ | __ |
| c. | Per month | 3 | __ | __ |
| d. | Per year | 4 | __ | __ |
| e. | Never | 5 | 5 | 5 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

8.5. How often do you eat carrots? (134-136)

- | | | | | |
|----|---------------------|---|----|----|
| a. | Per day | 1 | __ | __ |
| b. | Per week | 2 | __ | __ |
| c. | Per month | 3 | __ | __ |
| d. | Per year | 4 | __ | __ |
| e. | Never | 5 | 5 | 5 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

8.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (137-139)

Example: A serving of vegetables at both lunch and dinner would be two servings

- | | | | | |
|----|---------------------|---|----|----|
| a. | Per day | 1 | __ | __ |
| b. | Per week | 2 | __ | __ |
| c. | Per month | 3 | __ | __ |
| d. | Per year | 4 | __ | __ |
| e. | Never | 5 | 5 | 5 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

Section 9: Weight Control

9.1. Are you now trying to lose weight? (140)

- | | | |
|----|-------------------------|---|
| a. | Yes Go to Q. 9.3 | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

9.2. Are you now trying to maintain your current weight, that is to keep from gaining weight? (141)

- | | | |
|----|--------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q. 9.5 | 2 |
| | Don't know/Not sure Go to 9.5 | 7 |
| | Refused Go to Q. 9.5 | 9 |

9.3. Are you eating either fewer calories or less fat to...

- lose weight? [if "Yes" on Q. 9.1]
- keep from gaining weight? [if "Yes" on Q. 9.2] (142)

Probe for which

- | | | |
|----|----------------------------------|---|
| a. | Yes, fewer calories | 1 |
| b. | Yes, less fat | 2 |
| c. | Yes, fewer calories and less fat | 3 |
| d. | No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

9.4. Are you using physical activity or exercise to...

- lose weight? [if "Yes" on Q. 9.1]
- keep from gaining weight? [if "Yes" on Q. 9.2] (143)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

9.5. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (144)

Probe for which

- | | | |
|----|------------------------------|---|
| a. | Yes, lose weight | 1 |
| b. | Yes, gain weight | 2 |
| c. | Yes, maintain current weight | 3 |
| d. | No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 10: Demographics

10.1. What is your age? (145-146)

Code age in years <i>Go to Q10.2</i>	
Don't know/Not sure <i>Go to Q10.1a</i>	0 7
Refused <i>Go to Q10.1a</i>	0 9

10.1a In which of these age categories do you belong? **Please read**

- | | | |
|----------------------------------|--------------------|---|
| a. | 18-24 (= 21) | 1 |
| b. | 25-34 (= 30) | 2 |
| c. | 35-44 (= 40) | 3 |
| d. | 45-54 (= 50) | 4 |
| e. | 55-64 (= 60) | 5 |
| f. | 65-74 (= 70) | 6 |
| g. | 75 or older (= 80) | 7 |
| Do not read this category | | |
| | Refused | 9 |

10.2. What is your race? Would you say. . . : **Please Read** (147)

IF "HISPANIC" PROBE: "Are you White-Hispanic, Black-Hispanic, Asian Hispanic, Pacific Islander and Hispanic, American Indian and Hispanic, or some other race and Hispanic?"

- | | | |
|------------------------------------|--------------------------------|---|
| a. | White | 1 |
| b. | Black | 2 |
| c. | Asian, Pacific Islander | 3 |
| d. | American Indian, Alaska Native | 4 |
| or | | |
| e. | Other: [specify]_____ | 5 |
| Do not read these responses | | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

10.3. Are you of Spanish or Hispanic origin? **IF "HISPANIC" TO LAST QUESTION, CODE "YES" WITHOUT ASKING.** (148)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

10.4. Are you . . . : **Please Read** (149)

- | | | |
|-----------|------------------------------------|---|
| a. | Married | 1 |
| b. | Divorced | 2 |
| c. | Widowed | 3 |
| d. | Separated | 4 |
| e. | Never been married | 5 |
| or | f. A member of an unmarried couple | 6 |
| | Refused | 9 |

10.5. How many children live in your household who are...

Code 1-6 = number of children in that age range

7 = 7 or more

8 = None

9 = Refused

Please Read

- | | | |
|-----------------------------|---|-------|
| a. less than 5 years old? | — | (150) |
| b. 5 through 12 years old? | — | (151) |
| c. 13 through 17 years old? | — | (152) |

10.6. What is the highest grade or year of school you completed? (153)

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or only attended kindergarten | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | 9 |

10.7. Are you currently: (154)

Please Read

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |
| Refused | 9 |

IF NOT EMPLOYED, Q10.7, Code 3-9, Go to Q 10.10. IF EMPLOYED, Q10.7, Code 1-2, ask:

10.8. What kind of business or industry do you work in?
99 = REFUSED

- 10.9. What is your job title? **IF NO JOB TITLE, SAY:** What type of work do you do?
88 = OWNER/PROPRIETOR/SELF-EMPLOYED,
99 = REFUSED
-

- 10.10. Is your annual household income from all sources: (155-156)
If respondent refuses at any income level, code "refused"
Read as Appropriate

- | | | |
|----|--|-----|
| a. | Less than \$25,000 If "no," ask e; if "yes," ask b
(\$20,000 to less than \$25,000) | 0 4 |
| b. | Less than \$20,000 If "no," code a; if "yes," ask c
(\$15,000 to less than \$20,000) | 0 3 |
| c. | Less than \$15,000 If "no," code b; if "yes," ask d
(\$10,000 to less than \$15,000) | 0 2 |
| d. | Less than \$10,000 If "no," code c | 0 1 |
| e. | Less than \$35,000 If "no," ask f
(\$25,000 to less than \$35,000) | 0 5 |
| f. | Less than \$50,000 If "no," ask g
(\$35,000 to less than \$50,000) | 0 6 |
| g. | Less than \$75,000 If "no," code h
(\$50,000 to \$75,000) | 0 7 |
| h. | \$75,000 or more | 0 8 |

Do not read these responses

- | | |
|---------------------|-----|
| Don't know/Not sure | 0 7 |
| Refused | 0 9 |

- 10.11. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (157)
- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Q10.14 | 2 |
| | Don't know/Not sure Go to Q10.14 | 7 |
| | Refused Go to Q10.14 | 9 |

10.12. Which of the following best describes your current military status? (158)

Are you: **Please Read**

- | | | | |
|------------------------------------|-------------------------------|---------------------|---|
| a. | Currently on active duty | <i>Go to Q10.14</i> | 1 |
| b. | Currently in reserves | <i>Go to Q10.14</i> | 2 |
| c. | No longer in military service | | 3 |
| Do not read these responses | | | |
| | Don't know/Not sure | <i>Go to Q10.14</i> | 7 |
| | Refused | <i>Go to Q10.14</i> | 9 |

10.13. In the last 12 months have you received some or all of your health care from VA facilities? (159)

Probe for which

- | | | |
|----|--------------------------------|---|
| a. | Yes, all of my health care | 1 |
| b. | Yes, some of my health care | 2 |
| c. | No, no VA health care received | 3 |
| | Don't know/not sure | 7 |
| | Refused | 9 |

10.14. About how much do you weigh without shoes? **[Round fractions up]** (160-162)

Weight (pounds)	
Don't know/Not sure	$\frac{7}{9} \frac{7}{9} \frac{7}{9}$
Refused	$\frac{7}{9} \frac{7}{9} \frac{7}{9}$

10.15. How much would you like to weigh? (163-165)

Weight (pounds)	
Don't know/Not sure	$\frac{7}{9} \frac{7}{9} \frac{7}{9}$
Refused	$\frac{7}{9} \frac{7}{9} \frac{7}{9}$

10.16. About how tall are you without shoes? **[Round fractions down]** (166-168)

Height (ft/inches)	
Don't know/Not sure	$\frac{7}{9} \frac{7}{9} \frac{7}{9}$
Refused	$\frac{7}{9} \frac{7}{9} \frac{7}{9}$

10.17. What county do you live in? (169-171)

Adams	001	Grays Harbor	027	Pierce	053
Asotin	003	Island	029	San Juan	055
Benton	005	Jefferson	031	Skagit	057
Chelan	007	King	033	Skamania	059
Clallam	009	Kitsap	035	Snohomish	061
Clark	011	Kittitas	037	Spokane	063
Columbia	013	Klickitat	039	Stevens	065
Cowlitz	015	Lewis	041	Thurston	067
Douglas	017	Lincoln	043	Wahkiakum	069
Ferry	019	Mason	045	Walla Walla	071
Franklin	021	Okanogan	047	Whatcom	073
Garfield	023	Pacific	049	Whitman	075
Grant	025	Pend Oreille	051	Yakima	077

FIPS county code

Don't know/not sure

Refused

7	7	7
9	9	9

10.18 What is your ZIP code? **IF NEEDED SAY: I mean the ZIP code of your residence, that is, where you live.**

ZIP Code

Don't know/Refused

9				
9	9	9	9	9

10.19. Do you have more than one telephone number in your household? (172)

- | | |
|-----------------------------|---|
| a. Yes | 1 |
| b. No Go to Q10.21 | 2 |
| Refused Go to Q10.21 | 9 |

10.20. How many residential telephone numbers do you have? (173)
Exclude dedicated fax and computer lines. Do not count cell phones.

Total telephone numbers [8 = 8 or more]

Refused

9

10.21 Indicate sex of respondent. **Ask Only if Necessary** (174)Male **Go to Section 13: HIV/AIDS**

Female

1
2

Now I have some questions about other health services you may have received.

Section 11: Women's Health

11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (175)

- a. Yes 1
- b. No **Go to Q11.4** 2
 - Don't know/Not sure **Go to Q11.4** 7
 - Refused **Go to Q11.4** 9

11.2. How long has it been since you had your last mammogram? (176)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
- Do not read these responses**
- Don't know/Not sure 7
 - Refused 9

11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (177)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9

11.4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (178)

- a. Yes 1
- b. No **Go to Q11.7** 2
 - Don't know/Not sure **Go to Q11.7** 7
 - Refused **Go to Q11.7** 9

11.5. How long has it been since your last breast exam? (179)

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to 12 months ago) | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 3 years (2 to 3 years ago) | 3 |
| d. | Within the past 5 years (3 to 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |

Do not read these responses

- | | |
|---------------------|---|
| Don't know/Not sure | 7 |
| Refused | 9 |

11.6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (180)

- | | | |
|----|----------------------------------|---|
| a. | Routine Checkup | 1 |
| b. | Breast problem other than cancer | 2 |
| c. | Had breast cancer | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (181)

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Q11.10 | 2 |
| | Don't know/Not sure Go to Q11.10 | 7 |
| | Refused Go to Q11.10 | 9 |

11.8. How long has it been since you had your last Pap smear? (182)

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to 12 months ago) | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 3 years (2 to 3 years ago) | 3 |
| d. | Within the past 5 years (3 to 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |

Do not read these responses

- | | |
|---------------------|---|
| Don't know/Not sure | 7 |
| Refused | 9 |

- 11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (183)
- a. Routine exam 1
 - b. Check current or previous problem 2
 - c. Other 3
 - Don't know/Not sure 7
 - Refused 9
- 11.10. Have you had a hysterectomy? **IF NEEDED: A hysterectomy is an operation to remove the uterus (womb).** (184)
- a. Yes ***Go to Section 12: HIV Testing and Counseling in Pregnancy*** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

If respondent 45 years old or older, go to Section 12: HIV Testing and Counseling in Pregnancy

- 11.11. To your knowledge, are you now pregnant? (185)
- a. Yes ***Go to Q12.1b*** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Section 12: HIV Testing and Counseling During Pregnancy

If respondent older than age 50, go to Section 13: HIV/AIDS

- 12.1a. Have you been pregnant at any time since January 1994?
- a. Yes **If "I'm pregnant now" ask Q12.1b.** 1
 - b. No ***Go to next section*** 2
 - Don't know/Not sure ***Go to next section*** 7
 - Refused ***Go to next section*** 9

12.1b. Have you been pregnant any other time since January, 1994?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to next section | 2 |
| | Don't know/Not sure Go to next section | 7 |
| | Refused Go to next section | 9 |

12.2. What is the month and year that your last pregnancy ended? Please consider all pregnancies.

Code Month and Year	<u> </u> / <u> </u>
Don't know/Not sure	7 7 7 7
Refused	9 9 9 9

12.3. At any time during your last pregnancy, did you visit a doctor, midwife or clinic for prenatal (pregnancy-related) care?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to next section | 2 |
| c. | No, pregnancy ended early as a result of miscarriage or an abortion | 3 |
| | Go to next section | |
| | Don't know/Not sure Go to next section | 7 |
| | Refused Go to next section | 9 |

12.4. Which of the following is the main place that you received prenatal care?

Please Read 1-8

- | | | |
|----|---|----|
| a. | Community Health Center Clinic | 01 |
| b. | Health department clinic | 02 |
| c. | Family planning clinic or prenatal clinic | 03 |
| d. | Public hospital clinic | 04 |
| e. | Private doctor | 05 |
| f. | Private group practice, including a clinic or private hospital clinic | 06 |
| g. | HMO or other prepaid group practice | 07 |
| h. | Or somewhere else [Specify: _____] | 08 |
| | Do not read these responses | |
| | Don't know/Not sure | 77 |
| | Refused | 99 |

12.5. At any time during your last pregnancy, did this health care provider discuss HIV or AIDS with you?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

12.6. At any time during your last pregnancy, did this health care provider offer to test you for HIV?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to next section | 2 |
| | Don't know/Not sure Go to next section | 7 |
| | Refused Go to next section | 9 |

12.7. Were you tested for HIV during your last pregnancy?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 13: HIV/AIDS

If respondent is 65 years old or older, go to next section.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

- 13.1. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? **Code 01 through 12** (186-187)
- | | | |
|------------------------------------|-------------------------------------|----|
| a. | First grade (age 6-7) | 01 |
| b. | Second grade (age 7-8) | 02 |
| c. | Third grade (age 8-9) | 03 |
| d. | Fourth grade (age 9-10) | 04 |
| e. | Fifth grade (age 10-11) | 05 |
| f. | Sixth grade (age 11-12) | 06 |
| g. | Seventh grade (age 12-13) | 07 |
| h. | Eighth grade (age 13-14) | 08 |
| i. | Ninth grade (freshman) (age 14-15) | 09 |
| j. | Tenth grade (sophomore) (age 15-16) | 10 |
| k. | Eleventh grade (junior) (age 16-17) | 11 |
| l. | Twelfth grade (senior) (age 17-18) | 12 |
| m. | Kindergarten (age 5-6) | 55 |
| n. | Never | 88 |
| Do not read these responses | | |
| | Don't know/Not sure | 77 |
| | Refused | 99 |
- 13.2. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (188)
- | | | |
|----|-------------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| c. | Would give other advice | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
- 13.3. What are your chances of getting infected with HIV, the virus that causes AIDS? (189)
Would you say: **Please Read**
- | | | |
|------------------------------------|------------------------------------|---|
| a. | High | 1 |
| b. | Medium | 2 |
| c. | Low | 3 |
| | or | |
| d. | None | 4 |
| Do not read these responses | | |
| | Not applicable Go to Q13.7a | 5 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

13.4. Have you donated blood since March 1985? (190)

- a. Yes 1
- b. No **Go to Q13.6a** 2
- Don't know/Not sure **Go to Q13.6a** 7
- Refused **Go to Q13.6a** 9

13.5. Have you donated blood in the past 12 months? (191)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

If Q12.7 (Were you tested for HIV during your last pregnancy?) = 1 (yes), code 13.6 = 1 (yes) and go to Q13.7.

13.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? (192)

Include saliva tests

- a. Yes **Go to Q13.7** 1
- b. No **Go to next section** 2
- Don't know/Not sure **Go to next section** 7
- Refused **Go to next section** 9

If Q12.7 (Were you tested for HIV during your last pregnancy?) = 1 (yes), code 13.6a = 1 (yes) and go to Q13.7a.

13.6a. Have you ever been tested for HIV? (193)

Include saliva tests

- a. Yes **Go to Q13.7a** 1
- b. No **Go to next section** 2
- Don't know/Not sure **Go to next section** 7
- Refused **Go to next section** 9

13.7. Not including your blood donations, have you been tested for HIV in the past 12 months? (194)

Include saliva tests

- | | | | |
|----|---------------------|---------------------------|---|
| a. | Yes | Go to Q13.8 | 1 |
| b. | No | Go to next section | 2 |
| | Don't know/Not sure | Go to next section | 7 |
| | Refused | Go to next section | 9 |

13.7a. Have you been tested for HIV in the past 12 months? (195)

Include saliva tests

- | | | |
|----|---------------------|-----------------------------|
| a. | Yes | 1 |
| b. | No | Go to next section 2 |
| | Don't know/Not sure | Go to next section 7 |
| | Refused | Go to next section 9 |

13.8. What was the main reason you had your last test for HIV? (196-197)

Read Only if Necessary

- | | | |
|----|---|-----|
| a. | For hospitalization or surgical procedure | 0 1 |
| b. | To apply for health insurance | 0 2 |
| c. | To apply for life insurance | 0 3 |
| d. | For employment | 0 4 |
| e. | To apply for a marriage license | 0 5 |
| f. | For military induction or military service | 0 6 |
| g. | For immigration | 0 7 |
| h. | Just to find out if you were infected | 0 8 |
| I. | Because of referral by a doctor | 0 9 |
| j. | Because of pregnancy | 1 0 |
| k. | Referred by your sex partner | 1 1 |
| l. | Because it was part of a blood donation process | |
| | Go to next section | 1 2 |
| m. | For routine check-up | 1 3 |
| n. | Because of occupational exposure | 1 4 |
| o. | Because of illness | 1 5 |
| p. | Because I am at risk for HIV | 1 6 |
| q. | Other | 8 7 |
| | Do not read these responses | |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

- 13.9. Where did you have your last test for HIV? (198-199)
- Read Only if Necessary**
- | | | |
|----|---|-----|
| a. | Private doctor, HMO | 0 1 |
| b. | Blood bank, plasma center, Red Cross | 0 2 |
| c. | Health department | 0 3 |
| d. | AIDS clinic, counseling, testing site | 0 4 |
| e. | Hospital, emergency room, outpatient clinic | 0 5 |
| f. | Family planning clinic | 0 6 |
| g. | Prenatal clinic, obstetrician's office | 0 7 |
| h. | Tuberculosis clinic | 0 8 |
| i. | STD clinic | 0 9 |
| j. | Community health clinic | 1 0 |
| k. | Clinic run by employer | 1 1 |
| l. | Insurance company clinic | 1 2 |
| m. | Other public clinic | 1 3 |
| n. | Drug treatment facility | 1 4 |
| o. | Military induction or military service site | 1 5 |
| p. | Immigration site | 1 6 |
| q. | At home, home visit by nurse or health worker | 1 7 |
| r. | At home using self-sampling kit | 1 8 |
| s. | In jail or prison | 1 9 |
| t. | Other | 8 7 |
| | Do not read these responses | |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |
- 13.10. Did you receive the results of your last test? (200)
- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to next section | 2 |
| | Don't know/Not sure Go to next section | 7 |
| | Refused Go to next section | 9 |
- 13.11. Did you receive counseling or talk with a health care professional about the results of your test? (201)
- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 14: Health Care Coverage and Use

Now I am going to ask you some questions about the health care you receive.

- 14.1. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? **If "no," ask "Is there more than one or is there no place you usually go to?"** (251)
- a. Yes **Go to Q14.3** 1
 - b. More than one place 2
 - c. No **Go to Next Section** 3
 - Don't know/Not sure **Go to Next Section** 7
 - Refused **Go to Next Section** 9
- 14.2. Is there one of these places that you go to most often when you are sick or need advice about your health? (252)
- a. Yes 1
 - b. No **Go to Q14.4** 2
 - Don't know/Not sure **Go to Q14.4** 7
 - Refused **Go to Q14.4** 9
- 14.3. What kind of place is it? (253)
- Would you say: **Please Read**
- a. A doctor's office or HMO 1
 - b. A clinic or health center 2
 - c. A hospital outpatient department 3
 - d. A hospital emergency room 4
 - e. An urgent care center 5
 - or**
 - f. Some other kind of place 8
- Do not read these responses**
- Don't know /not sure 7
 - Refused 9

- 14.4. Do you have one person you think of as your personal doctor or health care provider? (254)

If "no," ask "Is there more than one or is there no usual doctor who you go to?"

- | | | |
|----|---------------------|---|
| a. | Yes, only one | 1 |
| b. | More than one | 2 |
| c. | No | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 15: Skin Cancer

The next questions are about what you do to protect your skin when you go outside.

- 15.1 When you go outside on a sunny summer day for more than one hour, how often do you use sunscreen or sunblock? (352)

IF NEEDED: Summer means June, July, and August. Sunny is what respondent considers sunny.

Would you say: **Please Read**

- | | | |
|----|---|---|
| a. | Always | 1 |
| b. | Nearly always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| | or | |
| e. | Never Go to Q15.3 | 5 |
| | Do not read these responses | |
| | Don't stay out more than an hour Go to Q15.6 | 8 |
| | Don't know/Not sure Go to Q15.3 | 7 |
| | Refused Go to Q15.3 | 9 |

- 15.2 What is the Sun Protection Factor or SPF of the sunscreen you use most often? (353-354)

Number	—
Don't know/Not sure	77
Refused	99

- 15.3 When you go outside on a sunny summer day for more than an hour, how often do you stay in the shade? (355)

Would you say: **Please Read**

- | | | |
|----|------------------------------------|---|
| a. | Always | 1 |
| b. | Nearly always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| | or | |
| e. | Never | 5 |
| | Do not read these responses | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

- 15.4. When you go outside on a sunny summer day for more than an hour, how often do you wear a wide-brimmed hat or any other hat that shades your face, ears, and neck from the sun? (356)

Would you say: **Please Read**

- | | | |
|----|------------------------------------|---|
| a. | Always | 1 |
| b. | Nearly always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| | or | |
| e. | Never | 5 |
| | Do not read these responses | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

- 15.5. When you go outside on a sunny summer day for more than an hour, how often do you wear long-sleeved shirts? (357)

Would you say: **Please Read**

- | | | |
|----|------------------------------------|---|
| a. | Always | 1 |
| b. | Nearly always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| | or | |
| e. | Never | 5 |
| | Do not read these responses | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

- 15.6 Suppose that after several months of not being out in the sun, you then went out in the sun without a hat, sunscreen, or protective clothing for an hour. (358)

Would you: **Please Read**

- | | | |
|----|---|---|
| a. | Sunburn | 1 |
| b. | Darken without sunburn <i>Go to Q15.8</i> | 2 |
| | or | |
| c. | Not have anything happen <i>Go to Q15.8</i> | 3 |
| | Do not read these responses | |
| | Don't know/Not sure <i>Go to Q15.8</i> | 7 |
| | Refused <i>Go to Q15.8</i> | 9 |

- 15.7. Would you: **Please Read** (359)

- | | | |
|----|---|---|
| a. | Burn severely with blisters | 1 |
| b. | Burn severely with peeling for a few days | 2 |
| | or | |
| c. | Burn mildly without peeling | 3 |
| | Do not read these responses | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 16: Smokeless Tobacco Use

- 16.1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (369)

Probe for chewing tobacco, snuff, or both

- | | | |
|----|---|---|
| a. | Yes, chewing tobacco | 1 |
| b. | Yes, snuff | 2 |
| c. | Yes, both | 3 |
| d. | No, neither <i>Go to next section</i> | 4 |
| | Don't know/Not sure <i>Go to next section</i> | 7 |
| | Refused <i>Go to next section</i> | 9 |

- 16.2. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (370)

Probe for chewing tobacco, snuff, or both. "Yes" includes occasional use

- | | | | |
|----|----------------------|---------------------------|---|
| a. | Yes, chewing tobacco | <i>Go to next section</i> | 1 |
| b. | Yes, snuff | <i>Go to next section</i> | 2 |
| c. | Yes, both | <i>Go to next section</i> | 3 |
| d. | No, neither | | 4 |
| | Don't know/Not sure | <i>Go to next section</i> | 7 |
| | Refused | <i>Go to next section</i> | 9 |

- 16.3. About how long has it been since you last used smokeless tobacco regularly, that is, daily? **Read only if necessary.**

- | | | |
|----|--|----|
| a. | Within the past month (0 to 1 month ago) | 01 |
| b. | Within the past 3 months (1 to 3 months ago) | 02 |
| c. | Within the past 6 months (3 to 6 months ago) | 03 |
| d. | Within the past year (6 to 12 months ago) | 04 |
| e. | Within the past 5 years (1 to 5 years ago) | 05 |
| f. | Within the past 15 years (5 to 15 years ago) | 06 |
| g. | 15 or more years ago | 07 |
| h. | Never used smokeless tobacco regularly | 08 |
| | Don't know/Not Sure | 77 |
| | Refused | 99 |

Section 17: Tobacco Prevention and Control

The next few questions are about secondhand smoke. "Secondhand smoke" is smoke from cigarettes, cigars, or pipes that is breathed in by someone who is not smoking.

- 17.1. On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

- | | | |
|----|---------------------|-------------------|
| a. | # days | |
| b. | None | <u>8</u> <u>8</u> |
| | Don't know/Not Sure | 7 7 |
| | Refused | 9 9 |

17.2. Concerning smoking in restaurants, do you think that smoking should be allowed without restriction, permitted only in separately ventilated rooms, permitted only in designated areas but with no separate ventilation, or not allowed at all?

- | | | |
|----|---------------------------------|---|
| a. | Without restriction | 1 |
| b. | Rooms with separate ventilation | 2 |
| c. | Designated areas | 3 |
| d. | Not allowed at all | 4 |
| | Don't know/Not Sure | 7 |
| | Refused | 9 |

17.3. Would you say that breathing secondhand smoke is: **Please Read:**

- | | | |
|----|------------------------------------|---|
| a. | Very harmful to one's health | 1 |
| b. | Somewhat harmful | 2 |
| c. | Not very harmful | 3 |
| d. | Not harmful at all to one's health | 4 |
| | Do not read these responses | |
| | Don't know/Not Sure | 7 |
| | Refused | 9 |

The next few questions are about cigar smoking. Cigars include large cigars, cigarillos and small cigars.

17.4. When was the last time you smoked a cigar? **Read only if necessary.**

- | | | |
|----|---|----|
| a. | Within the past month (0-1 month ago) | 01 |
| b. | Within the past 3 months (1-3 months ago) | 02 |
| c. | Within the past 6 months (3-6 months ago) | 03 |
| d. | Within the past year (6-12 months ago) | 04 |
| e. | Within the past 5 years (1-5 years ago) | 05 |
| f. | Within the past 15 years (5-15 years ago) | 06 |
| g. | 15 or more years ago | 07 |
| h. | I have never smoked a cigar | 08 |
| | Do not read these responses | |
| | Don't know/Not Sure | 77 |
| | Refused | 99 |

[If not a current cigar smoker (Q17.5 is 2 or more), go to Q17.6]

17.5. In the past month did you smoke cigars:

- | | | |
|----|-------------------------|---|
| a. | Every day | 1 |
| b. | Several times per week | 2 |
| c. | Once a week | 3 |
| d. | Less than once per week | 4 |
| | Don't know/Not Sure | 7 |
| | Refused | 9 |

The next question asks about your health insurance and programs to help people quit using tobacco.

If no health insurance (Q2.1 = 2 and Q2.3a = 88), go to Q17.7.

17.6. Does your health insurance coverage pay for nicotine patches, gum, or pills, or a tobacco cessation support program to help people quit using cigarettes or snuff or chewing tobacco such as?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not Sure | 7 |
| | Refused | 9 |

[If not a current cigarette or smokeless tobacco user (Q7.2 > 2 and [16.2 > 3) Go to next section]

17.7. Has a doctor or other health professional ever advised you to quit using tobacco?

- | | | |
|----|--------------------------------|---|
| a. | Yes, within the past 12 months | 1 |
| b. | Yes, within the past 3 years | 2 |
| c. | Yes, 3 or more years ago | 3 |
| d. | No | 4 |
| | Don't know/Not Sure | 7 |
| | Refused | 9 |

17.8. Are you planning to quit using tobacco in the next 6 months?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not Sure | 7 |
| | Refused | 9 |

Section 18: Asthma in Children

If there are no children under age 5 in the household (10.5a = 8 or 9), go to Q18.6.

18.1 Earlier, you said that there are [CATI fill in from Q10.5a] {child/children} under age 5 in your household. Has a doctor ever said that {this child/any of these [CATI fill in from Q10.5] children} had asthma? **IF YES ASK:** How many ever had asthma? [The number of children who ever had asthma cannot be more than the number of children under age 5 in the household (Q10.5a).

Enter count

None	<i>Go to Q18.3</i>	<u>8</u>	<u>8</u>
Don't know/Not Sure	<i>Go to Q18.3</i>	7	7
Refused	<i>Go to Q18.3</i>	9	9

Ask Q18.2a if only one child in household is under age 5 & ever had asthma:

18.2a. Does this child still have asthma?

- | | | |
|--------|---------------------|----|
| a. Yes | Go to Q18.3 | 1 |
| b. No | Go to Q18.3 | 88 |
| | Don't know/Not sure | 77 |
| | Refused | 99 |

Ask Q18.2b if more than one child under age 5 in household who ever had asthma:

18.2b. [Of the [CATI fill in from Q10.5b] children under age five in your household who ever had asthma,] How many still have asthma? [The number of children who still have asthma cannot be more than the number of children under age 5 who ever had asthma (Q10.5b).]

Enter count			
None		8	8
Don't know/Not Sure		7	7
Refused		9	9

If there are no children age 5 through 12 in the household (10.5b = 8 or 9), go to Q18.9.

18.3 Earlier, you said that there are [CATI fill in from Q10.5a] children 5 through 12 years old in your household.
Has a doctor ever said that that {this child / one of those [CATI fill in from Q10.5b] children} had asthma? **IF YES, ASK:** How many ever had asthma? [The number of children who ever had asthma cannot be more than the number of children age 5-12 (Q10.5b).]

Enter count			
None	Go to Q18.5	8	8
Don't know/Not Sure	Go to Q18.5	7	7
Refused	Go to Q18.5	9	9

Ask Q18.4a if only one child in household age 5-12. Ask Q18.4b if more than one child age 5-12 in household.

18.4a. Does this child still have asthma?

- | | | |
|--------|---------------------|----|
| a. Yes | Go to Q18.5 | 1 |
| b. No | Go to Q18.5 | 88 |
| | Don't know/Not sure | 77 |
| | Refused | 99 |

- 18.4b. [Of the [CATI fill in from Q10.5b] children aged 5 through 12 in your household who ever had asthma,] How many still have asthma? **[The number of children who still have asthma cannot be more than the number of children age 5-12 who ever had asthma (Q10.5b).]**

Enter count			
None		8	8
Don't know/Not Sure		7	7
Refused		9	9

If there are no children aged 13-17 in household (Q10.5c= 8 or 9), then *Go to next section.*

- 18.5 Earlier, you said that there are [CATI fill in from Q10.5a] children 13 through 17 years old in your household.
Has a doctor ever said that that {this child / one of those [CATI fill in from Q10.5c] children} had asthma? **IF YES, ASK:** How many ever had asthma? **[The number of children who ever had asthma cannot be more than the number of children age 13-17 (Q10.5c).]**

Enter count			
None	<i>Go to next section</i>	8	8
Don't know/Not Sure	<i>Go to next section</i>	7	7
Refused	<i>Go to next section</i>	9	9

Ask Q18.6a if only one child in household aged 13-17. Ask Q18.6b if more than one child age 13-17 in household:

- 18.6a. Does this child still have asthma?

a. Yes	<i>Go to next section</i>	1
b. No	<i>Go to next section</i>	88
Don't know/Not sure	<i>Go to next section</i>	77
Refused	<i>Go to next section</i>	99

- 18.6b. [Of the [CATI fill in from 10.5c] children aged 13 through 17 in your household who ever had asthma,] How many still have asthma? **[The number of children who still have asthma cannot be more than the number of children age 13-17 who ever had asthma (Q10.5c).]**

Enter count			
None		8	8
Don't know/Not Sure		7	7
Refused		9	9

Section 19: Varicella Surveillance

The next few questions are about the virus that causes chickenpox and shingles.

[19.1: CATI insert "have you had " if R is the only person in the household. Insert "how many members of your household have had" if household has more than one member.]

- 19.1 In the past 12 months, [have you had / how many members of your household have had] chickenpox?
- | | | |
|----|--|-------------------|
| a. | Number | |
| b. | None Go to Q19.6 | <u>8</u> <u>8</u> |
| | Don't know/Not sure Go to Q19.6 | 7 7 |
| | Refused Go to Q19.6 | 9 9 |

[CATI insert "you" if R is the only person in the household. Insert "they" if household has more than one member.]

- 19.2 How old were [you / they] when [you / they] got chickenpox? **[Up to 3 people. If more than 3, specify ages]**

Age
777=DK/NS, 999 = Refused

- | | | |
|----|--|----------------------------------|
| a. | Oldest person | <u> </u> <u> </u> <u> </u> |
| b. | Next oldest person | <u> </u> <u> </u> <u> </u> |
| c. | Next oldest person | <u> </u> <u> </u> <u> </u> |
| d. | More than three people [List ages of each person. For example, "next person age _ _ _.] | |

[CATI insert "have you had" if R is the only person in the household. Insert "how many members of your household have had" if household has more than one member.]

- 19.3 In the past 12 months, [have you had / how many members of your household have had] shingles?
- | | | |
|----|---|-------------------|
| a. | Number | |
| b. | None Go to next section | <u>8</u> <u>8</u> |
| | Don't know/Not sure Go to next section | 7 7 |
| | Refused Go to next section | 9 9 |

[CATI insert "you" if R is the only person in the household. Insert "was the person" if 19.3 is one person and more than one person lives in the household. Insert "were the people" if 19.3 is more than one person.]

- 19.4 How old were you / was the person / were the people when you / they developed shingles?
- a. Age (years) — — —
- b. More than 1 person: [List age of each person. For example, "next person age — —"]
- Don't know/Not sure 7 7 7
- Refused 9 9 9

Section 20: Physical Activity

Earlier I asked about activities that you do other than your regular job duties. These next questions are about "moderate physical activity" that you do during your regular job.

"Moderate physical activity" is any activity which makes your heart beat faster and makes you breathe harder or sweat. Some examples are brisk walking, moving heavy boxes or climbing stairs.

- 20.1 During the past seven days did you perform any moderate physical activity during your regular job?
- a. Yes 1
- b. No, did no activity on the job *Go to Q20.4* 2
- c. No, don't have a regular job *Go to Q20.4* 3
- d. No, didn't go to regular job in the past 7 days *Go to Q20.4* 4
- Do not read these responses**
- Don't Know/Not sure *Go to Q20.4* 7
- Refused *Go to Q20.4* 9

- 20.2 During the past seven days how many days did you take part in moderate physical activity during your regular job? [IF NEEDED: If "everyday," PROBE: How many days would that be?]

Number of days 0 _

No work in past 7 days 8 8

Don't Know/Not sure 7 7

Refused 9 9

20.3. During the past seven days, on an average day that you were active on your job, how much total time did you spend doing moderate physical activities?

- | | | | | |
|----|---------------------|---|---|---|
| a. | Minutes | 1 | — | — |
| b. | Hours | 2 | — | — |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

20.4. Thinking back over the past 7 days, whether on your job or in your spare time, on how many days did you do any activity to specifically increase muscle strength or muscle tone, such as weight lifting, squats, pull ups, or sit ups? **[Duplications of answers from the exercise module are acceptable here.]**

- | | | |
|------------------------|---|---|
| Number of days | 0 | — |
| Don't Know/Not sure | 7 | 7 |
| No work in past 7 days | 8 | 8 |
| Refused | 9 | 9 |

20.5. Do you know if there are recommendations for how much moderate physical activity people should get to be healthy?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No <i>Go to next section</i> | 2 |
| | Don't know/Not Sure <i>Go to next section</i> | 7 |
| | Refused <i>Go to next section</i> | 9 |

20.6. At a minimum what is the recommended number of days a week that a person should do activities like these to be healthy?

- | | | |
|---------------------|---|---|
| Number of days | 0 | — |
| Don't Know/Not sure | 7 | 7 |
| Refused | 9 | 9 |

20.7. On those days how much time is recommended for a person to spend being physically active?

- | | | | | |
|----|---------------------|---|---|---|
| a. | Minutes | 1 | — | — |
| b. | Hours | 2 | — | — |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

Section 21: Environmental Quality -- Drinking Water

The next few questions are about the source of your household drinking water.

21.1 Where does the water for your household come from:

- | | | |
|----|---|---|
| a. | A private well, serving just your household (Go to Q21.3) | 1 |
| b. | A community well or other small water system which serves fewer than 15 homes | 2 |
| c. | A city or municipal water supply | 3 |
| d. | Some other source [Specify: _____] | 4 |
| | Do not read these responses | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

21.2 Within the last year, have you seen any information from your water utility about the quality of your drinking water? The information may have come in the mail, or you may have seen it in a newspaper or in a public notice. Would you say . . .

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No [Go to Q21.4] | 2 |
| c. | I'm not sure if I saw this information [Go to Q21.4] | 4 |
| | Refused [Go to Q21.4] | 9 |

21.3 Did you read it [the information from your water utility about the quality of your drinking water]?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

21.4 Where do you usually get the water that you drink at home?

- | | | |
|----|---|---|
| a. | From the tap | 1 |
| c. | Bottled water or water from a water cooler [Go to Q21.6] | 3 |
| d. | Some other source: _____ Go to next section | 4 |
| | Do not read these responses | |
| | Don't know Go to next section | 7 |
| | Refused Go to next section | 9 |

- 21.5 Do you use a water filter for your household drinking water? **[If needed: A filter could be installed under your sink, on your faucet, or a filter in a water pitcher. It does not include a water softener.]**
- | | | |
|----|--------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to next section | 2 |
| | Don't know Go to next section | 7 |
| | Refused Go to next section | 9 |
- 21.6 What is the main reason that you use a water filter or bottled water for your drinking water at home? Is it because . . . **Please read:**
- | | | |
|----|--|---|
| a. | Don't like the way the water looks, tastes or smells | 1 |
| b. | Concerned that the water is not safe to drink | 2 |
| c. | Both of these | 3 |
| d. | Some other reason [Specify: _____] | 4 |
| | Do not read these responses | |
| | Don't know/Not Sure | 7 |
| | Refused | 9 |

Section 22: Pesticide Use

The next questions ask about the use of pesticides in your home and yard.

- 22.1 I'm going to read a list of types of homes. Please tell me which one best describes your home. Would you say it is a mobile home or trailer, a one family house that stands alone, multi-unit complex, such as a duplex, apartment or condominium or something else?
- | | | |
|----|--|---|
| a. | A mobile home or trailer | |
| | Ask: Is it on private property or in a mobile home or trailer park? | |
| | On private property | 1 |
| | In a mobile home or trailer park | 2 |
| b. | One family house that stands alone | 3 |
| c. | A multi-unit complex, such as a duplex, apartment or condominium | |
| | Ask: Does it have more than four units? | |
| | One to four units | 4 |
| | Five or more units | 5 |
| d. | Or something else (specify) _____ | 6 |
| | Do not read these responses | |
| | Don't know/not sure | 7 |
| | Refused | 9 |

22.2 In the past year, has anyone used any chemicals to control fleas, roaches, ants or other insects **INSIDE** your house or apartment? This does not include insect traps or treatments used **DIRECTLY** on your pets. **IF NEEDED: This does not include flea collars or carpet cleaners that kill dust mites. IF R HAS MOVED IN THE LAST 12 MONTHS, SAY: "Think about all of the places you have lived in the last year."**

- | | | |
|----|-----------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q. 22.4 | 2 |
| c. | I don't know Go to Q. 22.4 | 3 |
| | Refused Go to Q. 22.4 | 9 |

22.3 In the past year, how many times were these chemicals used?

- | | | | | |
|----|---------------------|---|-----|-----|
| a. | Per week | 1 | ___ | ___ |
| b. | Per month | 2 | ___ | ___ |
| c. | Per year | 3 | ___ | ___ |
| d. | Never | 8 | 8 | 8 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

22.4 In the past year, has anyone used any chemicals to control insects or weeds on the lawn or yard, or on the **EXTERIOR** of your home?

IF NEEDED:

- The exterior includes the crawl space under a home and anything applied to the outside walls or through the outside walls of the home (e.g., through holes drilled in the outside walls).
- If R has moved in the last 12 months, say: "Think about all of the places you have lived in the last year."
- "Chemicals" also includes treatments to control moss on roofs or lawn.

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to next section | 2 |
| c. | I don't know Go to next section | 3 |
| | Refused Go to next section | 9 |

22.5 In the past year, how many times were these chemicals used?

- | | | | | |
|----|---------------------|---|---|---|
| a. | Per week | 1 | — | — |
| b. | Per month | 2 | — | — |
| c. | Per year | 3 | — | — |
| d. | Never | 8 | 8 | 8 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

Section 23: Firearm Safety

The next questions are about safety and firearms. Firearms include weapons such as pistols, shotguns, and rifles. In answering the questions, do not include BB guns, starter pistols, or guns that cannot fire.

23.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. **IF NEEDED: Sometimes the use of firearms can lead to injury. Gun shot injuries are a major health problem.**

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No <i>Go to next section</i> | 2 |
| | Don't know/Not sure <i>Go to next section</i> | 7 |
| | Refused <i>Go to next section</i> | 9 |

23.2. Are any of the firearms handguns, such as pistols or revolvers?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

23.3. Are any of the firearms long guns, such as rifles or shotguns?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

The next questions are about firearm storage.

23.4. Is there a firearm in or around your home that is now loaded ?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

23.5. Is there a firearm in or around your home that is now unlocked? **NOTE: IF THE RESPONDENT ASKS WHAT THE TERMS "LOCKED" OR "UNLOCKED" MEAN, THE INTERVIEWER SHOULD SAY: A "locked" firearm means a gun with a trigger lock kept in a locked position or a gun kept in a box, cabinet or other area accessible only by a key or combination.**

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

ASK Q 23.6 ONLY IF THE RESPONDENT ANSWERS "Yes" TO Q23.4 AND Q23.5. OTHERWISE, GO TO Q23.7.

You've indicated that you have an unlocked gun and a loaded gun, my next question is:

23.6. Is there a firearm in or around your home that is now both loaded and unlocked?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Read following if "employed" (10.7 = 1) or "self-employed" (10.7 = 2). Otherwise, go directly to Q 23.7.

The next 2 questions are about using firearms. If you are a police officer or have another occupation that requires and authorizes you to use a firearm, do not include firearm use associated with your job.

23.7. During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

23.8. During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 24: Access to Health Care for Families with Children with Special Health Care Needs

If there are no children in the household (Q10.5 a, b, and c = 8 or 9), go to next section.

My next few questions are about children's health.

24.1. Are you familiar with the health care of the children age 18 and under who live in your household?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No <i>Go to next section</i> | 2 |
| | Don't know/Not sure <i>Go to next section</i> | 7 |
| | Refused <i>Go to next section</i> | 9 |

[CATI select language based on number of children in the household.]

- 24.2. {Does the child/Do any of the children} in the household have any kind of health insurance? **IF NEEDED: "Health Insurance" includes prepaid plans such as HMOs, or government plans such as Medicaid or Healthy Options. [CATI display answer spaces for number of children]**

If no, read the "IF NEEDED" phrase. If no again, age = 88. Go to 24.3.

If yes, how old is the child?
[Age < 1 year = 0]

Is that a girl or a boy?

	Age 88 = No, 77=DK/NS, 99 = Refused	Gender		
		Boy	Girl	Refused
Child one	___	1	2	9
Child two	___	1	2	9
Child three	___	1	2	9
Child four	___	1	2	9
Child five	___	1	2	9
Child six	___	1	2	9

If more than six children, enter information in open-ended question.

- 24.3. Is there a particular clinic, health center, doctor's office, or other place that you usually take the {child/children} to when {he/she is/they are} sick, or when you need advice about {his/her/their health}? **[If "no," ask, "Is there more than one or is there no usual doctor who you go to?"]**

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | More than one place | 2 |
| c. | No | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

- 24.4. Do you have one person you think of as the {child's/children's} personal doctor or nurse? **[If "no," ask, "Is there more than one or is there no usual doctor who you go to?"]**

- | | | |
|----|---------------------|---|
| a. | Only one | 1 |
| b. | More than one | 2 |
| c. | No | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

- 24.5. {Is your child/Are any of your children} restricted or prevented in any way in their ability to do the things most children of the same age can do?

If no, age = 88. Go to 24.7.

IF YES, ask "How old is the child?"

	Age 77=DK/NS, 99 = Refused	Is that a girl or a boy? Gender		
		Boy	Girl	Refused
Child one	__ __	1	2	9
Child two	__ __	1	2	9
Child three	__ __	1	2	9

- b. No **Go to Q24.7** 888
 Don't know/Not sure **Go to Q24.7** 777
 Refused **Go to Q24.7** 999

- 24.6. {Does the child/Do any of the children} need or use more medical care, mental health or educational services than usual for most children of the same age?

IF NO, age = 88. Go to next section

IF YES, ask "How old is the child?"

	Age 88 = No, 77=DK/NS, 99 = Refused	Is that a girl or a boy? Gender		
		Boy	Girl	Refused
Child one	__ __	1	2	9
Child two	__ __	1	2	9
Child three	__ __	1	2	9

- 24.7 {Does your child / Do any of your children} have any kind of emotional, developmental or behavioral problem for which {he or she needs or gets/ they need or get} treatment or counseling?

- a. Yes 1
 b. No **Go to next section** 2
 Don't know/Not sure 7
 Refused 9

If yes to Q24.5, Q24.6. Q24.7, ask Q24.8. Otherwise go to next section.

- 24.8. Are any of the limitations the result of a condition lasting or expected to last for at least 12 months?
- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 25: Child Care

The next few questions are about child care for young children. "Child care" is care by someone other than a parent or guardian. Child care may be provided by a relative, a child care center, a child care home, or a preschool.

- 25.1a. During the past year, was your child under age 5 in child care for more than ten hours a week? **(IF NEEDED: "Child care" is care by someone other than a parent or guardian. Child care may be provided by a relative, a child care center, a child care home, or a preschool.)**
- | | | |
|----|---------------------|----|
| a. | Yes | 1 |
| b. | No | 88 |
| | Don't know/Not sure | 77 |
| | Refused | 99 |

- 25.1b. During the past year, were any of your children under age 5 in child care for more than ten hours a week? **(IF NEEDED: "Child care" is care by someone other than a parent or guardian. Child care may be provided by a relative, a child care center, a child care home, or a preschool.)**

If "Yes," ask "How many [of your children under age 5] were in child care for more than 10 hours a week during the past year?" .

- | | | |
|----|---------------------|----|
| a. | Enter number | — |
| b. | No | 88 |
| | Don't know/Not sure | 77 |
| | Refused | 99 |

- 25.2. Think about the last time you looked for child care for children under age 5 in Washington State. How much choice did you feel that you had in choosing a child care provider? **(IF NEEDED: "Child care" is care by someone other than a parent or guardian. Child care may be provided by a relative, a child care center, a child care home, or a preschool.)** Would you say you had . . . **Please read:**

- | | | |
|----|-------------------------|---|
| a. | A wide range of choices | 1 |
| b. | Quite a few choices | 2 |
| c. | Some choices | 3 |
| d. | Few choices | 4 |
| e. | Only one choice | 5 |

or

- | | | |
|------------------------------------|-------------------------|---|
| f. | No child care available | 6 |
| Do not read these responses | | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

- 25.3. Now think about the place where your child/children under age 5 received the most child care in the last 12 months. Would you say that this is a child care center, a licensed child care home, an unlicensed child care home, a preschool or something else? **[IF NEEDED: The main source of care is the one where they received the most care in the past year.]**

- | | | |
|---------------------------|--|---|
| a. | Child care center | 1 |
| b. | Licensed child care home | 2 |
| c. | Unlicensed child care home | 3 |
| d. | Child care home, don't know if licensed | 4 |
| e. | Preschool | 5 |
| e. | Relative [for example, grandparent, aunt or uncle. Specify: ____] | 6 |
| f. | Other [(Nanny or parent cooperative, for example. Specify: _____)] | 8 |
| Go to next section | | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If only one child under age 5 (10.5a = 1): CATI fill in age and gender of children from 24.2a if available. Then confirm: Earlier, you said that you have a [CATI fill in age] year old [CATI fill in gender] son/daughter. Is this the child in child care?

If Q24.2a is not available and only one child under age 5 in the household, ask 25.4a.

25.4a. Can you tell me the age of your child in child care? Is this child a girl or a boy? **[IF NEEDED: Your child under age 5 who was in child care more than 10 hours a week during the past year.]**

	Age 7=DK/NS, 9 = Refused	Boy	Gender Girl	Refused
Child one	—	1	2	9

Go to Q25.5

If more than one child under age 5 (10.5a = 2-7): CATI fill in age and gender of children from 24.2b if available. Then confirm: Earlier, you said that you have a [CATI fill in age] year old [CATI fill in gender] son/daughter, a ___ year old son/daughter, (read from screen). Are these the child in children care?

If Q24.2b is not available and more than one child under age 5 in the household, ask 25.4b.

25.4b. Can you tell me the ages of your [CATI enter number from Q25.1b] children in child care? **[IF NEEDED: Your children under age 5 who were in child care more than 10 hours a week during the past year.]** Continue for number of children in child care [Q25.1b].

	Age 7=DK/NS, 9 = Refused	Boy	Gender Girl	Refused
a. Child one	—	1	2	9
b. Child two	—	1	2	9
c. Child three	—	1	2	9
d. If more than three children under age 5, specify: _____.				

[CATI pick one child randomly. Insert age and gender into sentence below. If there is more than one child of the same age and gender in child care more than 10 hours a week, CATI display which child is chosen (child one, child two, child three).] Now I'd like to ask you about how you would rate the child care your [age] year old [gender] is receiving.

- 25.5. Overall, how would you rate the way your child's caregiver responds to your child's emotional needs? **IF NEEDED: The caregiver that spends the most time with your child. "Emotional needs" are the child's feelings and needs for closeness and security.**

Would you say . . .

- | | | |
|------------------------------------|---------------------|---|
| a. | Very poor | 1 |
| b. | Poor | 2 |
| c. | Fair | 3 |
| d. | Good | 4 |
| e. | Very good | 5 |
| Do not read these responses | | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

- 25.6. How would you rate the safety of the physical environment at your [CATI insert age] year old child's childcare? Consider both the indoor and outdoor areas.

Would you say . . .

- | | | |
|------------------------------------|---------------------|---|
| a. | Very poor | 1 |
| b. | Poor | 2 |
| c. | Fair | 3 |
| d. | Good | 4 |
| e. | Very good | 5 |
| Do not read these responses | | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

- 25.7. How would you rate how clean it is at your [CATI insert age] year old child's childcare? For example, consider the general cleanliness, handwashing, and food handling. Would you say . . .

- | | | |
|------------------------------------|---------------------|---|
| a. | Very poor | 1 |
| b. | Poor | 2 |
| c. | Fair | 3 |
| d. | Good | 4 |
| e. | Very good | 5 |
| Do not read these responses | | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

[If any of the responses to Q25.5, Q25.6 or Q25.7 is "poor" or "very poor" (= 1 or 2), ask Q25.8. Otherwise, *Go to next section*]

- 25.8. You said that an aspect of your child's care was poor or very poor. What was the most serious problem that you or your child experienced? Remember, all the information is confidential. However, if I learn of child abuse or neglect, I would have to report it to CPS.
[Specify]

Section 26: Census questions on Race

You may have answered the next two questions in a different form earlier. The following format was recently introduced by the U.S. Bureau of the Census. **[IF NEEDED: IF R ASKS WHY HAVE TWO VERSIONS OF SAME Q, SAY "We decided to keep both formats to ensure a continuity and at the same time to prepare for new changes."]**

- 26.1. Are you of Hispanic or Latino origin?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No <i>Go to Q26.3</i> | 2 |
| | Don't know/Not sure <i>Go to Q26.3</i> | 7 |
| | Refused <i>Go to Q26.3</i> | 9 |

- 26.2. Would you say that you are Puerto Rican, Mexican, Mexican American, Chicano/Chicana or Cuban?

- | | | |
|----|---|---|
| a. | Puerto Rican | 1 |
| b. | Mexican, Mexican American, Chicano/Chicana | 2 |
| c. | Cuban | 3 |
| d. | Other Spanish, Hispanic, Latino/Latina [Specify: _____] | 4 |
| | Do not read these responses | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

26.3. What is your race? I'll read several categories. Please select one or more choices.
Are you . . . **Please Read. [R CAN CHOOSE UP TO 5]** (five columns)

- | | | |
|----|---|---|
| a. | American Indian or Alaska Native | 1 |
| b. | Asian | 2 |
| c. | Black or African American (Or Haitian Or Negro) | 3 |
| d. | Native Hawaiian or Other Pacific Islander | 4 |
| e. | White | 5 |
| f. | Other [Specify: _____] | 6 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If R chose only one race, Go to next section. If R chose more than one, ask Q26.4:

26.4 Which one of these groups would you say best represents your race?

- | | | |
|----|--|---|
| a. | American Indian or Alaska Native <i>Go to Q26.4</i> | 1 |
| b. | Asian <i>Go to Q26.6</i> | 2 |
| c. | Black or African American (Or Haitian Or Negro) | 3 |
| d. | Native Hawaiian or Other Pacific Islander <i>Go to Q26.5</i> | 4 |
| e. | White | 5 |
| f. | Other [Specify: _____] | 6 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

[If one choice was Native American (Q26.3 = 1), ask Q26.4. Otherwise go to Q26.5]

26.4. What is your principal tribe?

- | | | |
|--|---------------------|---|
| | [Specify: _____] | 1 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

[If one choice was Native Hawaiian or Other Pacific Islander (Q26.3 = 4), ask Q26.5. Otherwise go to Q26.6.]

26.5. Are you . . . **Please read**

- | | | |
|--------------|--|---|
| a. | Native Hawaiian | 1 |
| b. | Samoan | 2 |
| c. | Guamanian or Chamorro | 3 |
| OR d. | Other some other Pacific Islander [Specify: _____] | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

[If one choice was Asian (Q26.3 = 2), ask Q26.6. Otherwise *Go to next section.*]

26.6. Are you . . . **Please read**

- | | | |
|----|---|----|
| a. | Chinese | 01 |
| b. | Filipino | 02 |
| c. | Hawaiian | 03 |
| d. | Korean | 04 |
| e. | Vietnamese | 05 |
| f. | Japanese | 06 |
| g. | Asian Indian | 07 |
| h. | Other some other Pacific Islander [Specify: _____] | 08 |
| | Don't know/Not sure | 77 |
| | Refused | 99 |

Section 27: Time Estimate

27.1 About how long was the interview? **IF NEEDED: I'd like your impression of how long it took to answer the questions.**

- | | | |
|---|--|----|
| a | Time (minutes) [up to 97 minutes] | — |
| | 98 minutes (1 hr 38 minutes) and longer | 98 |
| | Don't know/Not sure | 77 |
| | Refused | 99 |

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health and safety practices of people in our state. I would like to thank you very much for your time and cooperation.

**Activity List for Common Leisure Activities
Coding List A**

Code Description

- | | |
|--|--------------------------------|
| 01. Aerobics class | 28. Racketball |
| 02. Backpacking | 29. Raking lawn |
| 03. Badminton | 30. Running |
| 04. Basketball | 31. Rope skipping |
| 05. Bicycling for pleasure | 32. Scuba diving |
| 06. Boating (canoeing, rowing, sailing for
pleasure or camping) | 33. Skating - ice or roller |
| 07. Bowling | 34. Sledding, tobogganing |
| 08. Boxing | 35. Snorkeling |
| 09. Calisthenics | 36. Snowshoeing |
| 10. Canoeing/rowing - in competition | 37. Snow shoveling by hand |
| 11. Carpentry | 38. Snow blowing |
| 12. Dancing-aerobics/ballet | 39. Snow skiing |
| 13. Fishing from river bank or boat | 40. Soccer |
| 14. Gardening (spading, weeding, digging,
filling) | 41. Softball |
| 15. Golf | 42. Squash |
| 16. Handball | 43. Stair climbing |
| 17. Health club exercise | 44. Stream fishing in waders |
| 18. Hiking - cross-country | 45. Surfing |
| 19. Home exercise | 46. Swimming laps |
| 20. Horseback riding | 47. Table tennis |
| 21. Hunting large game - deer, elk | 48. Tennis |
| 22. Jogging | 49. Touch football |
| 23. Judo/karate | 50. Volleyball |
| 25. Mountain climbing | 51. Walking |
| 25. Mowing lawn | 52. Waterskiing |
| 26. Paddleball | 53. Weight lifting |
| 27. Painting/papering house | 54. Other _____ |
| | 55. Bicycling machine exercise |
| | 56. Rowing machine exercise |

Coding List B**Lap Swimming****Size pool/Laps****(1 lap = 2 lengths)**50 ft. pool5 laps (10 lengths) = .1 mile ($\frac{1}{10}$ mile)75 ft. pool (25 yards)3.5 laps (7 lengths) = .1 mile ($\frac{1}{10}$ mile)100 ft. pool2½ laps (5 lengths) = .1 mile ($\frac{1}{10}$ mile)50 meter pool1½ laps (3 lengths) = .1 mile ($\frac{1}{10}$ mile)**Running/Jogging/Walking** $\frac{1}{2}$ mile = .5 mile $\frac{1}{4}$ mile = .3 mile $\frac{1}{8}$ mile = .1 mile

1 block = .1 mile